

MONTHLY OPERATING REPORT

CHAPTER 11

CASE NAME: Prevalence Health, LLC

CASE NUMBER: 09-02016 EE For Period June 1 to June 30, 2011.

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
(mark only one - attached or waived)		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Comparative Balance Sheet (FORM 2-B)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Profit and Loss Statement (FORM 2-C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cash Receipts & Disbursements Statement (FORM 2-D)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Supporting Schedules (FORM 2-E)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Narrative (FORM 2-F)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)

I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: 6/11/11
(date)

Debtor(s)*: Prevalence Health, LLC

By:** H. K. Lefoldt, Jr.

Position: Liquidating Agent

Name of preparer: H. K. Lefoldt, Jr.

Telephone No. of Preparer 601-956-2374

* both debtors must sign if a joint petition

** for corporate or partnership debtor

CASE NAME: Prevalence Health, LLC CASE NUMBER: 09-02016 EE

QUARTERLY FEE SUMMARY

MONTH ENDED June 30, 2011

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ 45,675			
February	\$ 17,484			
March	\$ 26,735			
Total				
1st Quarter	\$ 89,894	\$ 975		
April	\$ 11,582			
May	\$ 355			
June	\$ 23,695			
Total				
2nd Quarter	\$ 35,632	\$ 650		
July	\$			
August	\$			
September	\$			
Total				
3rd Quarter	\$	\$		
October	\$			
November	\$			
December	\$			
Total				
4th Quarter	\$	\$		

DISBURSEMENT CATEGORY QUARTERLY FEE DUE

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

* Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

**REGIONS****Regions Bank**Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 3920100114949 01 AV 0.337 001
PREVALENCE HEALTH LLC
ATTN: H KENNETH LEFOLDT JR
PO BOX 2848
RIDGELAND MS 39158-2848

ACCOUNT # 9001277993

Cycle 001
Enclosures 27
Page 4
1 of 3**COMMERCIAL ANALYZED CHECKING**

June 1, 2011 through June 30, 2011

SUMMARY

Beginning Balance	\$394,450.53	Minimum Balance	\$374,815
Deposits & Credits	\$4,060.06	+	
Withdrawals	\$465.00	-	
Fees	\$275.93	-	
Automatic Transfers	\$0.00	+	
Checks	\$22,953.80	-	
Ending Balance	\$374,815.86		

Handwritten: 23,694.73

DEPOSITS & CREDITS

06/01	EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A	35.15
06/09	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949110604	68.40
06/16	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949110611	396.07
06/22	EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A	509.92
06/23	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949110618	243.84
06/29	EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A	70.56
06/30	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949110625	2,736.12
Total Deposits & Credits		\$4,060.06

WITHDRAWALS

06/01	Pitney Bowes Postage Debtor IN Poss 42906255	400.00
06/01	Merchant Service Merch Fee Health Allianc 8003547554	65.00
Total Withdrawals		\$465.00

FEES

06/09	Analysis Charge	05-11	275.93
-------	-----------------	-------	--------

CHECKS

Date	Check No.	Amount	Date	Check No.	Amount
06/02	61462	4,365.00	06/06	61464	1,734.72
06/01	61463	12,332.80	06/30	61466 *	4,521.28
Total Checks				\$22,953.80	

* Break In Check Number Sequence.



Regions Bank
Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

PREVALENCE HEALTH LLC
ATTN: H KENNETH LEFOLDT JR
PO BOX 2848
RIDGELAND MS 39158-2848



ACCOUNT # 9001277993

Cycle 001
Enclosures 27
Page 4
2 of 3

DAILY BALANCE SUMMARY

<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
06/01	381,687.88	06/09	375,380.63	06/23	376,530.46
06/02	377,322.88	06/16	375,776.70	06/29	376,601.02
06/06	375,588.16	06/22	376,286.62	06/30	374,815.86

**AMENDMENT TO REGIONS FUNDS AVAILABILITY
POLICY: AS OF JULY 21, 2011, WHEN THE
FULL AMOUNT OF FUNDS DEPOSITED BY CHECK
ARE NOT AVAILABLE TO YOU UNTIL THE
SECOND BUSINESS DAY AFTER THE DAY OF
DEPOSIT, THE AMOUNT AVAILABLE TO YOU ON
THE FIRST BUSINESS DAY AFTER DEPOSIT
WILL INCREASE FROM \$100 TO \$200.**

For all your banking needs, please call 1-800-REGIONS (734-4667).
or visit us on the internet at www.regions.com.

Thank You For Banking With Regions!



Regions Bank
Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

PREVALENCE HEALTH, LLC
ATTN: H KENNETH LEFOLDT JR
PO BOX 2848
RIDGELAND MS 39158-2848

ACCOUNT # 9001277993

Page 3 of 3

Prevalence Health, LLC PO Box 2848 Jackson, MS 39201 (601) 977-2848	61462 5/31/11
Pay to the order of <u>Infadec & Co., F.A.</u> \$1,565.00	
Four Thousand Three Hundred Sixty-Five & 00/100	
<u>H. Kenneth Lefoldt Jr.</u>	
⑆061462⑆ ⑆06510940⑆ ⑆9001277993⑆ ⑆0000418318⑆	

Check# 61462 06/02/2011 \$4365.00

Prevalence Health, LLC PO Box 2848 Jackson, MS 39201 (601) 977-2848	61463 5/31/11
Pay to the order of <u>Bakker Sew</u> \$12,332.80	
Twelve Thousand Three Hundred Thirty-Two & 80/100	
<u>H. Kenneth Lefoldt Jr.</u>	
⑆061463⑆ ⑆06510940⑆ ⑆9001277993⑆ ⑆0000418318⑆	

Check# 61463 06/01/2011 \$12332.80

Prevalence Health, LLC PO Box 2848 Jackson, MS 39201 (601) 977-2848	61464 5/31/11
Pay to the order of <u>G. Todd Brumell, F.A.</u> \$1,734.72	
One Thousand Seven Hundred Thirty-Four & 72/100	
<u>H. Kenneth Lefoldt Jr.</u>	
⑆061464⑆ ⑆06510940⑆ ⑆9001277993⑆ ⑆0000418318⑆	

Check# 61464 06/06/2011 \$1734.72

Prevalence Health, LLC PO Box 2848 Jackson, MS 39201 (601) 977-2848	61466 6-30-11
Pay to the order of <u>Bakker Sew</u> \$4,521.28	
Four Thousand Five Hundred Twenty-One & 28/100	
<u>H. Kenneth Lefoldt Jr.</u>	
⑆061466⑆ ⑆06510940⑆ ⑆9001277993⑆ ⑆0000418318⑆	

Check# 61466 06/30/2011 \$4521.28